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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

U.S. Patent Application of )  
)  
)

**MINEMURA et al.** )  
)

**Application Number: 10/774,587** )  
)

**Filed: February 10, 2004** )  
)

**For: PRML (PARTIAL RESPONSE MAXIMUM )  
LIKELIHOOD) INFORMATION REPRODUCING )  
METHOD AND INFORMATION REPRODUCING )  
APPARATUS FOR IMPLEMENTING THE SAME )  
(AS AMENDED) )  
)  
)  
)**

**Attorney Docket No. HIRA.0142** )  
)

**Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

**COVER LETTER**

Sir: /

[ x ] The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	10	11	(Over 20)	x \$50	0
Independent Claims	2	2	(Over 3)	x \$210	0
MULTIPLE DEPENDENT CLAIM(S)				+ \$370	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28).				x ½	
				TOTAL	0

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

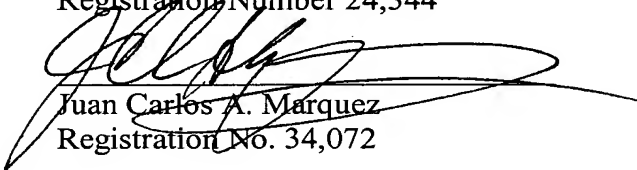
[ x ] Response to Office Action  
(w/ Claim Amendments)  
[ ] Substitute Specification  
(w/ clean and marked-up version)  
[ ] Information Disclosure Statement

[ x ] Petition for Extension of Time ( 2 month)  
[ ] Terminal Disclaimer  
[ ] Letter to Draftsperson  
(w/ \_\_ sheets of Replacement Drawings)  
[ ] Other \_\_\_\_\_

- [ ] Please charge my **Deposit Account Number** \_\_\_\_\_ in the amount of \_\_\_\_\_ to cover the fees for \_\_\_\_\_. A duplicate copy of this paper is enclosed.
- [ x ] A check in the amount of **\$460.00** to cover the two month extension fee is enclosed.
- [ x ] The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

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